

# Edmonton Retired Teachers' Association

## Membership Application

Date \_\_\_\_\_

\_\_\_\_\_  
Surname (Please print) First Name

Address \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Birth date to help determine Life Membership eligibility (optional) \_\_\_\_\_

This application is a (check one): New Membership \_\_\_\_\_ Renewal \_\_\_\_\_

Date of retirement (new members only): Month \_\_\_\_\_ Year \_\_\_\_\_  
(Membership is complimentary for the first year immediately following retirement)

I would like to receive my newsletter by (check one): E-mail \_\_\_\_\_ Canada Post \_\_\_\_\_  
(E-mail recommended for speedy delivery)

Membership Fee (check one): \_\_\_\_\_ \$15.00 for 1 year  
\_\_\_\_\_ \$30.00 for 2 years  
\_\_\_\_\_ \$60.00 for 5 years

Are you currently an **ARTA** member? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE:** Photos may be taken at ERTA events and published in ERTA media. If this is an issue for you, please discuss your concern with the photographer at the event.

Please send this application, with a cheque for the appropriate amount made out to "Edmonton Retired Teachers' Association", to:  
Cliff Otto  
Edmonton Retired Teachers' Association  
15020-64 Street NW, Edmonton, Alberta, T5A 2C5

### Office Use Only:

Receipt # \_\_\_\_\_ Years Requested \_\_\_\_\_ Expiry \_\_\_\_\_

Master List \_\_\_\_\_ E-mail Computer \_\_\_\_\_ Phone list update \_\_\_\_\_ RNL \_\_\_\_\_